

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/937521

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	1					
5	2					
6	2					
7	2					
8	1					
9	1					
10	1	2				
11	1					
12	1					
13	1					
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TOTAL IND.	2					
TOTAL DEP.	23					
TOTAL CLAIMS	25					

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL CLAIMS						